January 2013
Submitting Professional Claims with Primary Insurance Electronically to ProviderOne (no EOB attached)

The Health Care Authority - Medicaid accepts secondary insurance claims electronically from providers. The ProviderOne system has a Direct Data Entry (DDE) feature for submitting secondary insurance claims without sending the insurance company EOB. The following process adds insurance information at the claim level and the Agency adjudicates the claim using the insurance company information supplied on the claim.

The Agency also accepts and processes HIPAA compliant electronic batch claims that contain all the required insurance information including the Adjustment Reason Code(s) without sending the EOB.

Medicare and Medicare Advantage Plans are not commercial insurance. See the *Submitting Cross-Over Claims* factsheet.

DDE

A provider would log into their ProviderOne domain and use the **Claims Submitter** or **Super User** profile. Go to the **Claims** option and click on the **Online Claim Entry** sub option, then pick *Professional claim*. (This option is available for institutional and dental claims also. See the webinar page indicated below for the submission presentations.)

Fill in the claim information boxes and answer all the questions required to submit a claim.

DDE claim – not sending the EOB:

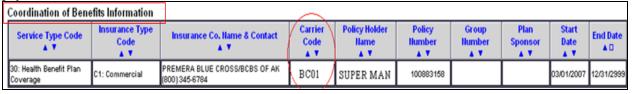For a secondary insurance claim answer this question "Yes"

Clicking "Yes" opens the insurance information box. Expand the **Additional Other Payer Information** section and fill in the fields outlined in red.

*Asterisk fields are required and other fields are informational.

- Add the name of the insurance company.
- Add the insurance company ID number, ID Type and enter the process date off the EOB.

- Next enter the amount paid by the insurance in the COB Payer Paid field. If the insurance applied to deductible enter a zero here. If the insurance denied the claim enter a zero here.

What is the **ID** number? Use the insurance company carrier code from the client eligibility check (best), the insurance payer number, or other insurance ID number. Use the same number in all **ID** fields.

Coordination of Benefits Information									
Service Type Code ▲▼	Insurance Type Code ▲▼	Insurance Co. Name & Contact ▲▼	Carrier Code ▲▼	Policy Holder Name ▲▼	Policy Number ▲▼	Group Number ▲▼	Plan Sponsor ▲▼	Start Date ▲▼	End Date ▲☐
30: Health Benefit Plan Coverage	C1: Commercial	PREMERA BLUE CROSS/BCBS OF AK (800) 345-6784	BC01	SUPER MAN	100883158			03/01/2007	12/31/2999

After entering the COB paid amount scroll down the page to the **Claim Level Adjustments** expander and open this section.

Now enter the following off the insurance EOB:

- Group Code
- Reason Code (HIPAA reason code only)
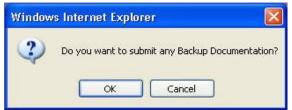- Dollar amount

Scroll down the page and add the required Claim Note "**Electronic TPL."** With this claim note the Agency will not wait for an insurance EOB but will look in the claim system for the insurance information.

Finish entering all the claim information, the service line information, and then add the service line item(s) to the claim.

All insurance information and claim data is now added to your claim so click on the Submit Claim button and submit your claim.

Since all the insurance information has been entered already when you get the pop up screen asking if you are sending back up documents just click on the **Cancel** button.

> **Note: You do not have to send the insurance EOB with claims entered using this method!**

As a reminder you must click the final **OK** button on the submitted Professional Claim Details screen to submit the claim!

Print Print Cover Page Ok

> **NOTE: Split service lines paid and denied by the insurance into two claims. You can use this method to submit services denied by the insurance company as long as the HIPAA reason code is added to the claim.**

HIPAA batch claims

Providers can send these types of claims as batch E-claims to the Agency if they are HIPAA compliant claims with all our required data elements. For the secondary insurance claims you MUST add this specific comment "**Electronic TPL**" to the claim.

- HIPAA information can be found at: http://hrsa.dshs.wa.gov/dshshipaa/
- Visit our new Provider web site home page at: http://www.dshs.wa.gov/provider/index.shtml
- Visit our webinar web page at http://hrsa.dshs.wa.gov/provider/webinar.shtml for a presentation on this subject.
- Complete step by step instructions for submitting a DDE claim go to the Billing and Resource Guide: http://hrsa.dshs.wa.gov/Download/ProviderOne_Billing_and_Resource_Guide.html starting on page 68.